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Aging Americans: Family Factors and Satisfaction with Life and Aging

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Aging Americans: Family Factors and Satisfaction with Life and Aging

By

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Abstract

Successful aging has been explored and defined in research as a particularly desirous state of being as one approaches older age. Operational definitions of successful aging often include measures of physical health, internal and external resources, proactivity levels, and wellbeing. Additional research on later life has included the study of family and support factors on the aging experience. In light of these topics, the current research sought to explore successful aging within a family context by comparing family demographics to older Americans' satisfaction with life and aging. This inquiry was conducted using a secondary data analysis design on the public government data from the Health and Retirement Study (HRS) in the year 2014 (N = 18,747). The HRS data is part of a longitudinal household survey of Americans over the age of 50 that began in 1992 in an effort to gain knowledge about health and retirement among older Americans. The overarching research question for this project was: Based on the Health and Retirement Study data in 2014, what are the effects of family factors on older Americans' satisfaction with life and aging? Inferential statistics (Pearson product-moment correlation coefficient, ANOVA, and multiple regression) found significant but moderate to weak relationships between individual family factors and satisfaction with life and aging scores. While the current study provided insight into the connections between family factors and older Americans' life and aging satisfaction, there are still many factors not studied here that could more strongly relate and/or predict successful aging in older Americans.

Keywords: successful aging, family factors, life satisfaction, aging satisfaction

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By and large, growing old is not depicted in society as a greatly desirable time in one's life. In fact, cultural norms and media portrayals often perpetuate an ageist view of the elderly in society. Ageism is defined in the Merriam Webster online dictionary as "prejudice or discrimination against a particular age-group and especially the elderly." Ageist beliefs about aging likely arise from the characteristic experience of loss that accompanies aging – loss of physical and mental functioning, loss of friends and loved ones, and general loss of ability to care for oneself. However, aging does not have to be defined by loss. In fact, research and practice have striven to define and understand what has become known as successful aging.

While successful aging has varying definitions the basic tenets of successful aging have three parts: low risk or presence of disease and disease-related disability, high mental and physical function, and engagement with life (Encyclopedia.com). Interest in successful aging has recently increased appropriately with the growth of the aging population in the United States. The U.S. Department of Health and Human Services Administration on Aging (AoA) (2015) reported that there were 46.2 million Americans aged 65 and over in 2014, which was a 28% increase since 2004. In fact, the older population is predicted to more than double to 98 million by 2060 (AoA, 2015). Furthermore, about 29% of older persons who are not institutionalized live alone, with 46% of older women aged 75+ living alone (AoA, 2015). The increased life expectancy and increased number of older persons living alone creates a gaping need for proper assistance and services for older Americans. Oftentimes the adult children of older Americans are the ones who are responsible for finding and providing such care for their aging parents. For this reason it is prudent that the health field has become concerned with the idea of aging well and how that is lived out within the context of families at this point in U.S. history.

The increased health needs and tendency towards ageist beliefs within the U.S. places older Americans on the spectrum of vulnerable populations. Because of this, the field of social work, with its ethical responsibility towards the promotion of social justice, ought to be particularly aware of the needs of older adults. The Code of Ethics that all social workers agree to abide by explicitly states that social workers' primary goal is to help people in need and address social issues by respecting the dignity and worth of every person, protecting every person's right to self-determination, and recognizing the central importance of human relationships as a supportive resource and a vehicle for change (National Association of Social Workers, 2008). All of these ethical guidelines prompt social workers to be actively involved in promoting the self-determination and respect that older adults deserve, especially within their own families and support systems. For this reason, the purpose of this research is to investigate the idea of successful aging within the context of family systems.

Literature Review

For this review the topic of successful aging and how it is often defined in research will be explored, including successful aging in terms of resources, proactivity, and wellbeing. Following this, research on aging within the context of family systems will be presented in terms of positive and negative impacts as well as some cultural considerations. Finally, the research question for this project will be stated as it arises from the current literature review on successful aging and family contexts.

Successful Aging Defined

In 1998 researchers Rowe and Kahn defined successful aging as being comprised of five elements: absence of chronic disease, absence of disability, high cognitive functioning, high physical functioning, and social embeddedness (Mejia, Ryan, Gonzalez, & Smith, 2016). Over

recent years this definition has been challenged and revised, however the same five components often pervade new renditions in some format (Mejia et al., 2016; Tovel & Carmel, 2013). Overall, the literature tends to break down the idea of successful aging into various concepts such as resources (internal and external), proactivity, and wellbeing.

Resources. Several researchers have conceptualized and operationalized successful aging in terms of both internal and external resources that older adults have accumulated over their lifespan (Kahana, Kelley-Moore, & Kahana, 2012; Mejia et al., 2016; Tovel & Carmel, 2013). Internal resources such as dispositional ability to actively and religiously cope (Kahana et al., 2012) as well as individual self-efficacy (Tovel & Carmel, 2013) have been measured and discussed in successful aging studies. Self-efficacy in particular is a very important capacity for older adults because it has a direct impact on whether or not seniors set and work towards goals in the face of loss (Tovel & Carmel, 2013). Interestingly, one pilot study in China found that a psychoeducational group for seniors about proactive aging significantly increased the seniors' self-efficacy (Au, Ng, Garner, Lai, & Chan, 2015). Nevertheless, various forms of internal resources that have developed over time appear to be highly impactful on older adults' ability to age in a healthy or successful way.

Similarly, external resources such as finances, education, and social support have often been understood as aids in aging successfully (Kahana et al., 2012; Mejia et al., 2016; Tovel & Carmel, 2013). Finances and education are considered factors in determining socioeconomic status, which has been found to moderate the negative impact of stressors on health (Tovel & Carmel, 2013). Furthermore, social support is a highly significant factor in determining health and wellbeing across all stages of the lifespan but particularly in later life (Kahana et al., 2012; Tovel & Carmel, 2013). In fact, financial and social resources are so significant in later life that

they have been found to predict wellbeing and survival (Kahana et al., 2012; Tovel & Carmel, 2013). On the other hand, finances and level of education are sometimes considered social structures rather than individual resources (Mejia et al., 2016). A more recent model of successful aging considers individual resources to be in flux during one's lifetime according to movement through the "age-graded structures of education, work, and retirement" (Mejia et al., 2016, p. 280). The authors of this same model, which dutifully considers successful aging and individual resources within the context of age, environment, and social structures, boast that this model is Successful Aging 2.0 (Mejia et al., 2016).

Proactivity. Proactive aging and proactive coping are both concepts that are considered relevant to successful aging (Au et al., 2015; Kahana et al., 2012; Ouwehand, de Ridder, & Bensing, 2006; Sheriff & Chenoweth, 2009; Sougleris & Ranzijn, 2011; Tovel & Carmel, 2013). Proactivity in general is used in the context of aging to mean actively planning for future events or losses rather than reacting to change or loss after the event has already occurred (Tovel & Carmel, 2013). Some research has found that proactive adaptations such as exercise, planning for the future, marshaling support, and health journaling significantly improve quality of life even in the face of life stressors (Kahana et al., 2012; Sheriff & Chenoweth, 2009). Furthermore, proactive aging or coping amongst older adults tends to improve wellbeing and successful aging scores (Kahana et al., 2012; Sougleris & Ranzijn, 2011; Tovel & Carmel, 2013). However, one study in Israel found that the dimensions of proactive coping "becoming aware of future care needs" and "deciding on preferences" were significantly and negatively correlated with successful aging (Tovel & Carmel, 2013, p. 265). Additional research has shown that both situational factors and individual resources have a significant impact on whether or not an older adult is willing and/or able to employ proactive adaptations (Kahana et al., 2012; Ouwehand et

al., 2006). For example, when a situation is perceived to be a greater threat to personal goals but also a case where an individual has more control over the situation, an individual will utilize more proactive coping strategies (Ouwehand et al., 2006). Overall, the link between proactivity and successful aging has been explored extensively in recent literature.

Wellbeing. A very common method for determining successful aging is measuring some form of wellbeing (Carpentieri, Elliott, Brett, & Deary, 2016; Cho, Martin, & Poon, 2015; Jahan & Khan, 2014; Sougleris & Ranzijn, 2011; Tovel & Carmel, 2013). In fact, wellbeing has been measured in several ways, mostly having to do with subjective or psychological wellbeing (Carpentieri et al., 2016; Cho et al., 2015; Jahan & Khan, 2014; Sougleris & Ranzijn, 2011; Tovel & Carmel, 2013). Some studies operationalized successful aging with various scales that measured satisfaction with life, purpose in life, happiness, personal growth, and will to live (Sougleris & Ranzijn, 2011; Tovel & Carmel, 2013). Similar to measuring happiness, another study measured subjective wellbeing by having proxy informants rate their older relative's positive affect over the past two weeks (Cho et al., 2015). While this study's approach of using proxy informants and incorporating the developmental perspective of past life experiences within the measurement of successful aging is unique, it could be argued that subjective wellbeing cannot be summed up in a positive affect scale.

On the other hand, research that focused more on the process of successful aging rather than successful aging as an outcome made significant discoveries (Carpentieri et al., 2016; Jahan & Khan, 2014). For example, one study delineated the importance of psychological wellbeing for the sake of healthy development and successful aging and found a significant positive relationship between daily spiritual exercises and psychological wellbeing among elderly men and women in India (Jahan & Khan, 2014). Likewise, other studies have examined the impact of

the process model known as Selection, Optimization, and Compensation (SOC) and how this model could maximize the wellbeing of elderly in the face of physical decline (Carpentieri et al., 2016). Interestingly, this study understood successful aging as doing the best that one can with what one has, and found older individuals who utilized more SOC talk had high wellbeing despite physical decline, and those who used little SOC talk had low wellbeing even amidst higher physical functioning (Carpentieri et al., 2016). Therefore, some research has found that wellbeing is significantly impacted by the processes that individuals have acquired throughout their life that enable them to cope and remain optimistic in the face of loss (Carpentieri et al., 2016; Jahan & Khan, 2014).

Aging Within the Context of Family

As research can support, it is important to recognize that individuals rarely go through the aging process alone; in fact, older adults are greatly influenced – both positively and negatively – by the family and support system around them (Fuller-Iglesias, Webster, & Antonucci, 2015; Hatchett, Garcia, & Marin, 2001; Hong, Mailick Seltzer, & Wyngaarden Krauss, 2001; Katz, 2009; Lamont, Nelis, Quinn, & Clare, 2017; Takagi & Saito, 2013; Utz, Berg, & Butner, 2017; Yu, McCammon, Ellison, & Langa, 2016). Several research studies have explored the various ways in which families and support networks can impact an older adult's aging experience.

Positive impacts. Some of the positive ways that families and support networks aid older adults through the aging experience is by increasing their sense of connectedness (Yu et al., 2016), increasing positive attitudes toward their own aging (Lamont et al., 2017), decreasing depressive symptoms (Fuller-Iglesias et al., 2015), and overall increasing psychological wellbeing (Hong et al., 2001). These varying positive impacts from the presence of family and supportive systems in the lives of older adults came through many different means, such as

emotional support, size and proportion of family network, satisfaction with support system, and even social network site use (Fuller-Iglesias et al., 2015; Hong et al., 2001; Lamont et al., 2017; Yu et al., 2016).

Negative impacts. On the other hand, family dynamics within the support systems of older individuals can also have adverse impacts on the aging process and on the larger family network (Colvin & Bullock, 2016; Fuller-Iglesias et al., 2015; Hatchett et al., 2001; Sherman et al., 2013; Takagi & Saito, 2013). For example, having a large family network can reduce depressive symptoms in older adults only if there is a smaller presence of family negativity within the network itself (Fuller-Iglesias et al., 2015). Likewise, the complicated nature of some families that have undergone divorce and remarriage can experience larger self-nominated negative networks and negative interactions with stepfamily members, which leads to higher rates of caregiver burden and depression (Sherman et al., 2013). Furthermore, informal caregiving within families can lead to many different negative health impacts for caregivers such as: increased experience of physical health problems, increased risk of stress, depression, or anxiety, and increased social isolation, agitation, family conflicts, and/or burnout (Colvin & Bullock, 2016).

Cultural considerations. Cultural differences between families add another layer of complexity and beg a further need for understanding when it comes to the concept of aging within families (Hatchett et al., 2001; Katz, 2009; Takagi & Saito, 2013). For instance, one study found that 42 Mexican-American women living along the U.S.-Mexico border understood the wellbeing of their elders to be intimately connected with how much support and frequency of contact is derived from the members of a *familia* (Hatchett et al., 2001). Additionally, these women identified problems in their community as consisting of little or no family contact,

alcohol problems and elder abuse, verbal abuse, and domestic violence (Hatchett et al., 2001). It is apparent from this study that family intimacy and supportiveness is crucial to the idea of successful aging in the minds of these Mexican-American women. Another study involving elders in Israel found several factors to be influential in the intergenerational experience of aging, such as whether or not the elders were immigrants, how much support was given to adult children (depending on personal resources and social expectations), and how personal resources such as finances and physical functioning had the greatest impact on life satisfaction for all groups of elderly studied (Katz, 2009). Furthermore, a study of elders living in Japan found that those who had been widowed or relied on adult children for emotional support were more likely to report lower levels of morale, suggesting a negative impact of social support (Takagi & Saito, 2013). However, this negative impact of support was mitigated by whether or not the elders adhered to the traditional cultural norms of filial responsibilities, pointing to the idea that cultural meaning and beliefs play a role in the way that aging parents receive social support (Takagi & Saito, 2013).

Research Question

In sum, the literature tends to break down the idea of successful aging into various concepts such as resources (internal and external), proactivity, and wellbeing. Furthermore, research highlights the fact that aging is not a solitary experience but rather is undergone within the context of family and support systems. These support networks can have both positive and negative impacts on aging adults depending on family dynamics and cultural factors.

In light of the research presented thus far, the current study seeks to explore successful aging within a family context by comparing family demographics to older adults' satisfaction with their life and their aging. The overarching research question states: Based on the Health and

Retirement Study data in 2014, what are the effects of family factors on older Americans' satisfaction with life and aging?

Conceptual Framework

Some researchers have recently posited the idea that an individual's experience of aging is inseparable from the family in which it is embedded, and that aging is a culmination of myriad events, choices, and experiences throughout the lifetime (Utz et al., 2017). This concept of aging as embedded within family arose from the researchers' own self-analysis of how families dynamically shape and direct their experience of health and aging, such that having elder relatives can redirect one's own path and beliefs about aging down the road (Utz et al., 2017). This interconnectedness and systemic view of aging stands out and deserves further exploration because of the context from which it came; namely, the theorization about successful aging within the aging population of today. This idea that aging individuals are embedded in family dynamics and shared experiences guides the current research question regarding whether family factors have an effect on older adults' satisfaction with life and aging.

Methods

Research Design

The design for the current research was secondary data analysis of a public government dataset. Secondary data analysis involves performing statistical analyses on data that has previously been collected and/or analyzed by other researchers. While using this method places one at the mercy of the confines of the original study's decisions about data collection, this particular methodology was very helpful for accessing a large amount of data at one time in terms of both number of respondents and number of variables. The data used in this research was conducted by the University of Michigan as part of the Health and Retirement Study (HRS)

funded by the National Institute of Aging (grant number NIA U01AG009740) and in part by the Social Security Administration. The HRS data is part of a longitudinal household survey of Americans over the age of 50 that began in 1992 in an effort to gain knowledge about health and retirement among older Americans. While the overall topic of research in the HRS is health and retirement, the surveys include information on demographics, family structure, transactions of help amongst family, functional abilities, expectations, psychosocial health, and more. As a result, the HRS dataset is very rich, complex, and accessible for further studies. The current research question asked about the effects of family factors on older Americans' satisfaction with life and aging. More specifically, the current project asked the following questions of the data:

Is there a relationship between respondents'

1) Reported satisfaction with life overall and their satisfaction with aging?
2) Reported composition of their social network and their reported satisfaction with life?
3) Reported frequency of contact with their social network and satisfaction with aging?

Further questions regarding satisfaction with aging are also being asked in this project:

4) Do life satisfaction and frequency of contact with social network predict satisfaction with aging?
5) Is there a significant difference between the young old (56 – 71), the middle old (72 – 88), and the oldest old (89+) on satisfaction with aging?

Each of these questions seeks to explore the potential relationships between age, family dynamics, and satisfaction with life and aging. Furthermore, all of these questions can be answered by the HRS data as collected in demographic and psychosocial questionnaire surveys.

Sample

The HRS researchers have organized and recruited data from respondents over the years in a cohort design, breaking down sections of the aging population based on birth-year ranges (see Figure 1). For example, the original HRS cohort sampled in 1992 was born between 1931-1941. The dataset used for this research project used data collected from all the cohorts sampled in the year 2014 – the HRS cohort, the Asset and Health Dynamics Among the Oldest Old (AHEAD) cohort, the Children of the Depression (CODA) cohort, the War Babies cohort, the Early Baby Boomers cohort, the Mid Baby Boomers cohort, and the Minority Oversample (employed in 2010 to increase minority respondent numbers). Each cohort was exclusive in nature due to the fact that birth year ranges determine cohort inclusivity (e.g. War Babies include persons born between 1942-1947). The Minority Oversample was also exclusive, representing an increased number of older respondents from minority groups that were first sampled in 2010. Including all cohorts sampled in 2014 in this research project was beneficial because all the cohorts together comprise a wider range of ages, spanning ages of 49 to 90 and above. The total sample size of the cohorts in the year 2014 was 18,747 respondents (87.1% response rate). A breakdown of which cohorts made up the total sample in 2014 is provided in Table 1.

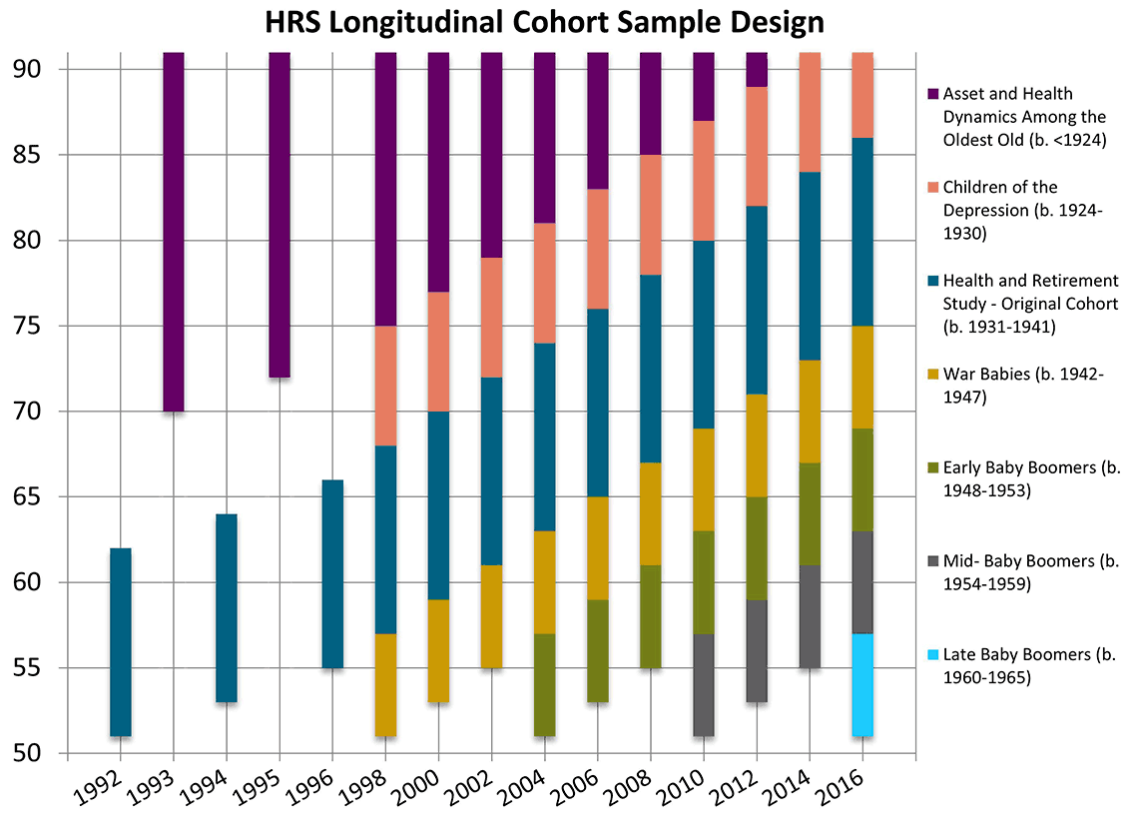


Figure 1. Visual display of the HRS cohorts including age range and year sampled.

Table 1. *Sample Size and Response Rate for the HRS Cohorts in 2014*

Cohort	# of Cases	# of Respondents	Response Rate	% of Total
HRS	7,534	6,624	87.9%	35.3%
AHEAD	962	844	87.7%	4.5%
CODA	1,018	903	88.7%	4.8%
War Baby	2,229	1,939	87.0%	10.3%
Early Baby Boomer	3,206	2,745	85.6%	14.6%
Mid Baby Boomer	3,512	2,982	84.9%	15.9%
Minority Oversample	3,064	2,710	88.4%	14.5%
Total	**21,525**	**18,747**	**87.1%**	

Data Collection

The original HRS cohort samples were found from a 1992 screening of 69,337 housing units produced using a multi-stage, clustered area probability frame. Of the initial screening 59,918 households were eligible for the first three cohorts of the study, the HRS, AHEAD, and War Baby cohorts. Additional individuals for the sample were found using a screening of the Medicare enrollment files obtained through what is known today as the Centers for Medicare, Medicaid Services (CMS). After these screenings, individuals and their spouses/partners were determined for interview eligibility based on their birth year. The HRS follows respondents by in person, over the phone, and questionnaire interview surveys biennially. When respondents die exit interviews are collected from a proxy informant that knew the individual or family well. New cohorts are continually added in order to be truly representative of the U.S. population over the age of 50. The dataset used in this study includes the HRS Core interview data obtained from each cohort in the year 2014 (see Table 1).

In order to address the research questions of this project (namely, the effects of family factors on older Americans' satisfaction with life and aging) the researcher chose a specific set of variables from amongst the hundreds available through HRS data. The chosen variables were as follows: age of respondents, whether or not respondents live with a partner, the number of children reported, number of children reported as having a close relationship with respondents, the reported frequency of contact with one's social network, reported composition of social network, and respondents' reported satisfaction with aging and life overall. Each of these variables is available in the HRS 2014 dataset and was collected using demographic and psychosocial interview questionnaires.

Variables. The following variables were chosen to gain a general sense of the respondents and respondents' family composition in the core 2014 HRS dataset. The variable age was measured using the respondents' birth year. The variable of whether or not respondent lives with a partner was measured as a yes or no question stating: "Do you have a husband, wife, or partner with whom you live?" (Appendix A, Q3). The variable number of children reported was measured by asking respondents to state the number of children they have that were not their spouses'. The variable number of children that respondents have a close relationship with was measured by asking respondents' to state/write a number after the following prompt: "How many of your children would you say you have a close relationship with?" (Appendix A, Q9). Additional variables chosen for inferential statistical analyses are described in Table 2.

Table 2: Variable Table for Inferential Statistics					
Variable Name	**Definition**	**Operationalized**	**Level measured**	**Research Q #**	**How Calculated**
Age *Binned variable name:* Agegrp4	Age = Year survey given – birth year. May include adults in mid- to late-life due to varying retirement ages, and therefore, inclusivity in the HRS *May include age of proxy informant respondent	Birth date Agegrp4: 1 = < 55 years 2 = 56 – 71 years 3 = 72 – 88 years 4 = 89+ years *Ages above 55 were chosen to represent later middle-age and older	Ratio, continuous Binned variable Agegrp4 = ordinal	Q5	Year survey given – birth year = R current age calculation variable found in Coverscreen A_R, OA019 To exclude possible proxy ages, a new variable was created (Agegrp4) from the R current age calculation to classify ages into groups using the visual binning function in SPSS.
ageSAT = aging satisfaction	Positive and negative evaluation of respondents' own experience of aging *First 5 items from Attitudes Towards Own Aging subscale of the Philadelphia Geriatric Center Morale Scale *Last 3 items from Berlin Aging Study	2014: Q28b1-8* 1. *Things keep getting worse as I get older.* 2. *I have as much pep as I did last year.* 3. *The older I get, the more useless I feel.* 4. *I am as happy now as I was when I was younger.* 5. *As I get older, things are better than I thought they would be.* 6. *So far, I am satisfied with the way that I am aging.* 7. *The older I get, the more I have had to stop doing things that I liked.* 8. *Getting older has brought with*	Continuous	Q1, Q3, Q4, Q5	Scaling: Create a unidimensional scale of positive self - perceptions of aging (SSPA) by reverse coding items Q 28 b1, b3, b7, and b8 and averaging the scores across all 8 items. Set the final score to missing if there are more than four items with missing values. Some users create a unidimensional scale with the first 5 PGC Morale Scale items. Alternatively, separate scores may be created for positive and negative SPA. Average across items Q28 b2, b4, b5, and b6 for a measure of positive SPA. Average across items Q28 b1, b3,

		it many things that I do not like. Response options 1 = Strongly disagree, 2 = Somewhat disagree, 3 = Slightly disagree, 4 = Slightly agree, 5 = Somewhat agree, 6 = Strongly agree			b7, and b8 for a measure of negative SPA. Unidimensional positive SPA (88 items): 2014 Alpha = .82 Two dimensional: Positive SPA: Alpha = .79 Negative SPA: Alpha = .77
lifeSAT = life satisfaction	Self-reported life quality/satisfaction (Diener's Satisfaction with Life Scale)	2014: Q2a-2e* a. *In most ways my life is close to ideal.* b. *The conditions of my life are excellent.* c. *I am satisfied with my life.* d. *So far, I have gotten the important things I want in life.* e. *If I could live my life again, I would change almost nothing.* Response options 1 = Strongly disagree, 2 = Somewhat disagree, 3 = Slightly disagree, 4 = Neither agree nor disagree, 5 =	Continuous	Q1, Q2, Q4	Scaling: Create an index of life satisfaction by averaging the scores across all 5 items. Set the final score to missing if there are three or more items with missing values.

		Slightly agree, 6 = Somewhat agree, 7 = Strongly agree			
socCOMP = composition of social network	Assesses social integration by asking whether respondents have spouses/partners, children, family, and friends. Summed variable of total yes responses *Spouse/partner that they currently live with *Children asked about are currently living children *Family is defined in these questions as other immediate family such as siblings, parents, cousins, or grandchildren	2014: Q3, Q6, Q10, Q14* Q3. *Do you have a husband, wife, or partner with whom you live?* Q6. *Do you have any living children?* Q10. *Do you have any other immediate family, for example, any brothers or sisters, parents, cousins or grandchildren?* Q14. *Do you have any friends?* Response options: 1=Yes or 5=No	Continuous	Q2	Scaling: Create a sum variable by counting the number of 'yes' responses for respondents in order to obtain the composition of social networks. Scores will range from 0 - 4.
socCONTACT = contact with social network	Assesses the extent to which respondents are in contact with their social network, excluding their spouse/partner. * Asked about children, family, and friends NOT living with respondent	2014: Q8a-d, Q12a-d, Q16a-d* *(On average, how often do you do each of the following? Please check the answer which shows how you feel about each statement.)* a. Meet up (include both arranged and chance meetings) b. Speak on the	Continuous	Q3, Q4	Scaling: Reverse code all items. Depending on your research question, average or sum across items for each specific relation category or across all relation categories for a measure of overall contact with the social network. Set the final score to missing if there is more than one item with missing values.

		phone c. Write or email d. Communicate by Skype, Facebook, or other social media <u>Response options</u> 1 = Three or more times a week, 2 = Once or twice a week, 3 = Once or twice a month, 4 = Every few months, 5 = Once or twice a year, 6 = Less than once a year or never			

*See Appendix A

Data Analysis Plan

Descriptive statistics: Four research questions. The descriptive statistics for this project were intended to provide a brief overview of the family structure of respondents in the 2014 HRS core interview data.

The ratio variable Age measures the age of respondents using the variable "respondent current age calculation," which was determined using respondents' birth year and the year the 2014 survey was given. The response option was a numerical value. The research question for analysis is: What is the age range of respondents in the HRS survey in the year 2014? The statistical procedure used was measures of central tendency/dispersion with a histogram.

The nominal variable Whether Living with Partner measures whether or not respondents were currently living with a spouse or partner. The response options were yes and no. The research question for this variable is: How many older Americans were living with a spouse or partner in 2014? The statistical procedure used was frequency distribution with a bar chart.

The ratio variable Number of Children measures the exact amount of children reported by respondents (not including children of their spouse or partner). The response option was a numerical value. The research question for this variable is: What was the range of the amount of children amongst older Americans in 2014? The statistical procedure used was measures of central tendency/dispersion with a histogram.

The ratio variable Number of Close Children measures the number of children reported to have a close relationship with the respondents. The response option was a numerical value. The research question for this variable is: Of the amount of total children, how many respondent children were in close relation with their parents in the year 2014? The statistical procedure used was measures of central tendency/dispersion with a histogram.

Inferential statistics: Six research questions. The inferential statistics in this project were intended to determine whether respondent and family factors have an effect on older Americans' reported satisfaction with life and aging in the year 2014.

Research question 1. The continuous variable Satisfaction with Life Overall (lifeSAT) measures the level of satisfaction with respondents' life as a whole while the continuous variable Satisfaction with Aging (ageSAT) measures respondents' reported degree of satisfaction with how they were experiencing aging in 2014. The research question for this study is: Is there a linear relationship between respondents' reported satisfaction with their life as a whole and their reported satisfaction with their aging experience? The hypothesis for this study is: There is a linear relationship between respondents' reported satisfaction with their life as a whole and their reported satisfaction with their aging experience. The null hypothesis is: There is not a linear relationship between respondents' reported satisfaction with their life as a whole and their reported satisfaction with their aging experience. The statistical procedure used for this question was a correlation.

Research question 2. The continuous variable Composition of Social Network (socCOMP) measures social integration by asking whether respondents have spouses/partners, children, family, and friends while the continuous variable Satisfaction with Life (lifeSAT) measures the reported level of satisfaction with respondents' life overall. The research question for this study is: Is there a linear relationship between the composition of respondents' social network and their satisfaction with life overall? The hypothesis for this study is: There is a linear relationship between the composition of respondents' social network and their satisfaction with life overall. The null hypothesis is: There is no linear relationship between the composition of

respondents' social network and their satisfaction with life overall. The test statistic for this question was a correlation.

Research question 3. The continuous variable Frequency of Contact with Social Network (socCONTACT) measures the extent to which respondents are in contact with their social network (excluding their spouse/partner) while the continuous variable Satisfaction with Aging (ageSAT) measures the reported level of satisfaction with respondents' aging experience. The research question of this study is: Is there a linear relationship between the frequency of contact between respondents and their social network and respondents' reported level of satisfaction with aging? The hypothesis for this study is: There is a linear relationship between the frequency of contact between respondents and their social network and respondents' reported level of satisfaction with aging. The null hypothesis is: There is no linear relationship between the frequency of contact between respondents and their social network and respondents' reported level of satisfaction with aging. The statistical procedure used for this question was a correlation.

Research question 4. The continuous variables Satisfaction with Life Overall (lifeSAT) and Frequency of Contact with Social Network (socCONTACT) may serve as predictors of the continuous variable Satisfaction with Aging (ageSAT). The research question for this study is: Do life satisfaction and frequency of contact with social network predict satisfaction with aging? The null hypothesis for this study is: The predictor variables of life satisfaction and frequency of contact with social network do not relate to satisfaction with aging. The first hypothesis is: Life satisfaction does significantly predict satisfaction with aging. The second hypothesis is: Frequency of contact with social network does significantly predict satisfaction with aging. The statistical procedure used for this question was a multiple regression analysis.

Research question 5. The ordinal variable Agegrp4 was created to exclude proxy informant ages from the HRS defined variable Respondent Current Age Calculation. Age groups were defined as follows: Young old (56 – 71 years), Middle old (72 – 88 years), and Oldest old (89+ years). These age classifications can then be analyzed for significant differences between groups on respondents' reported level of Satisfaction with Aging (ageSAT). The research question for this study is: Is there a significant difference between the young old (56 – 71), the middle old (72 – 88), and the oldest old (89+) on satisfaction with aging? The hypothesis is: There is a significant difference between the young old, the middle old, and the oldest old on satisfaction with aging. The null hypothesis is: There is not a significant difference between the young old, the middle old, and the oldest old on satisfaction with aging. The statistical procedure for this question was an analysis of variance (ANOVA).

Findings

Descriptive Statistics

The ratio variable Age measures the age of respondents using the variable "respondent current age calculation," which was determined using respondents' birth year and the year the 2014 survey was given. Table 3 shows that responses ranged from a minimum of 14 years (possibly due to proxy informants) to a maximum of 104 years. Of the 18,747 responses the mean was 67.87 years with a standard deviation of 11.271. The histogram in Figure 2 shows that the responses were bimodal with a large portion of the data falling below the mean.

Table 3. *Age Range of Respondents in the Health and Retirement Study in 2014.*

Descriptive Statistics							
	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Std. Error
R current age calculation	18747	14	104	67.87	11.271	.239	.018

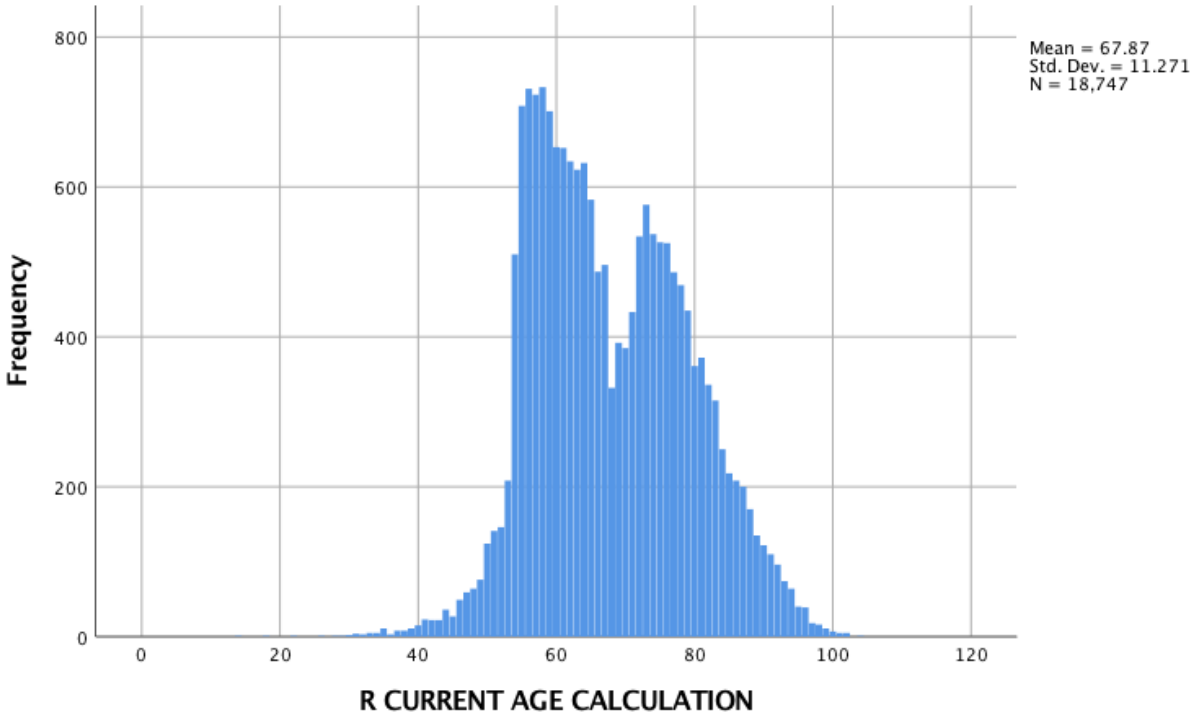


Figure 2. Age range of respondents in the HRS study in 2014

Minimum = 14, Maximum = 104

The nominal variable Whether Living with Partner measures whether or not respondents were currently living with a spouse or partner. Table 4 shows that of the 18,747 total respondents in 2014 only 6,556 responded to this particular survey question. Of these available responses 4,121 (62.9%) were living with a spouse or partner in the year 2014 and 2,435 (37.1%) were not. These findings show that the majority of respondents were living with a spouse or partner in 2014. Figure 3 provides a visual representation of the responses.

Table 4. *Whether Respondents were Living with Spouse or Partner in 2014.*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	4121	22.0	62.9	62.9
	5	2435	13.0	37.1	100.0
	Total	6556	35.0	100.0	
Missing	System	12191	65.0		
Total		18747	100.0		

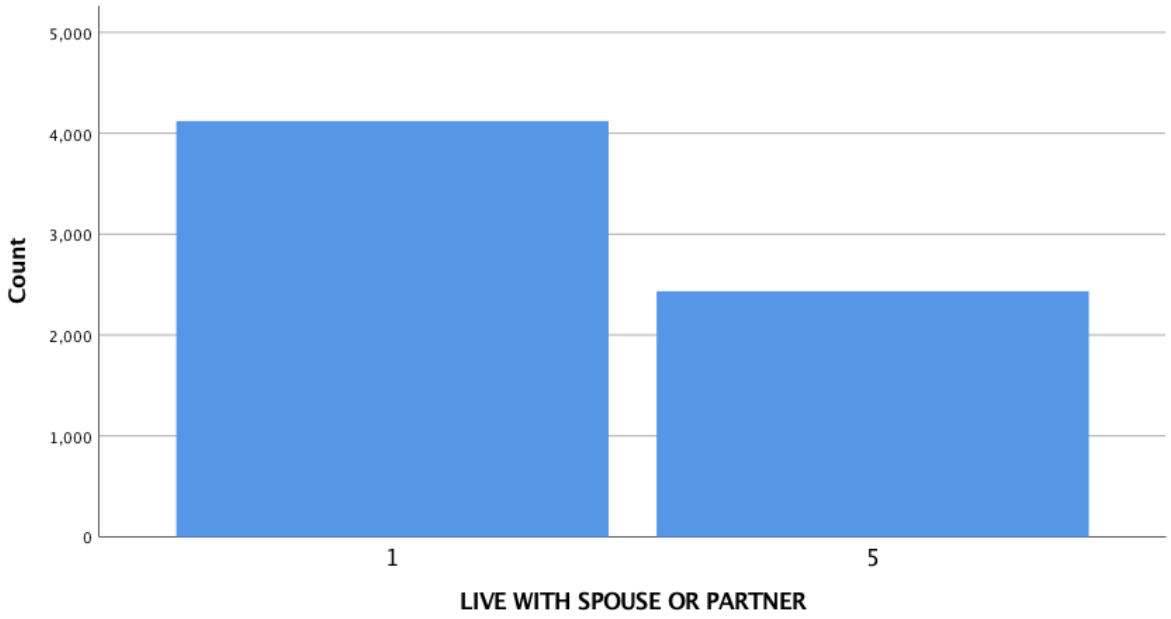


Figure 3. Whether living with spouse or partner in 2014

1= Yes, 5= No

The ratio variable Number of Children measures the exact amount of children reported by respondents (not including children of their spouse or partner). Table 5 shows that responses ranged from a minimum of 0 to a maximum of 21 children. Of the 18,747 responses the mean was 3.20 with a standard deviation of 2.150. The histogram in Figure 4 shows that the responses were positively skewed, indicated by a longer tail on the right and by the bulk of responses positioned to the left of the mean.

Table 5. *Respondents' Reported Number of Children (not their spouse's) in 2014.*

Descriptive Statistics							
	N	Minimum	Maximum	Mean	Standard Deviation	Skewness	Standard Error
Count of kids	18747	0	21	3.20	2.150	1.276	.018

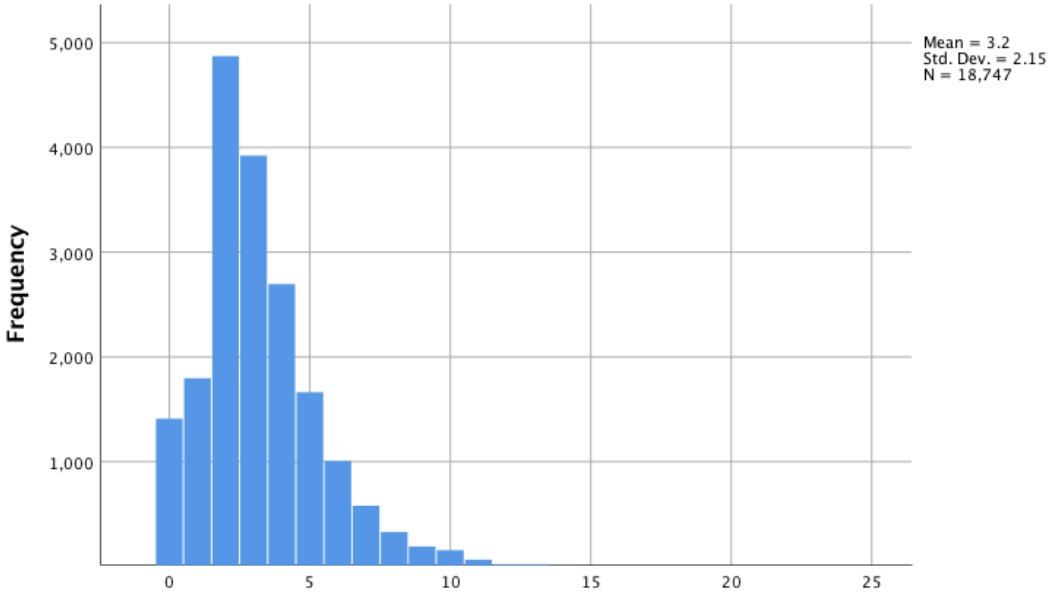


Figure 4. Number of Children (not their spouse's)

Minimum = 0, Maximum = 21

The ratio variable Number of Close Children measures the number of children reported to have a close relationship with the respondents. Table 6 shows that the responses ranged from a minimum of 0 to a maximum of 99 children. Of the 6,564 responses the mean was 2.63 with a standard deviation of 3.563. The histogram in Figure 5 shows that the responses were positively skewed, indicated by a longer tail on the right and by the bulk of responses positioned to the left of the mean.

Table 6. *Number of Children in Close Relationship with Respondents.*

Descriptive Statistics							
	N	Minimum	Maximum	Mean	Standard Deviation	Skewness	Standard Error
# Children close relationship	6564	0	99	2.63	3.563	12.384	.030

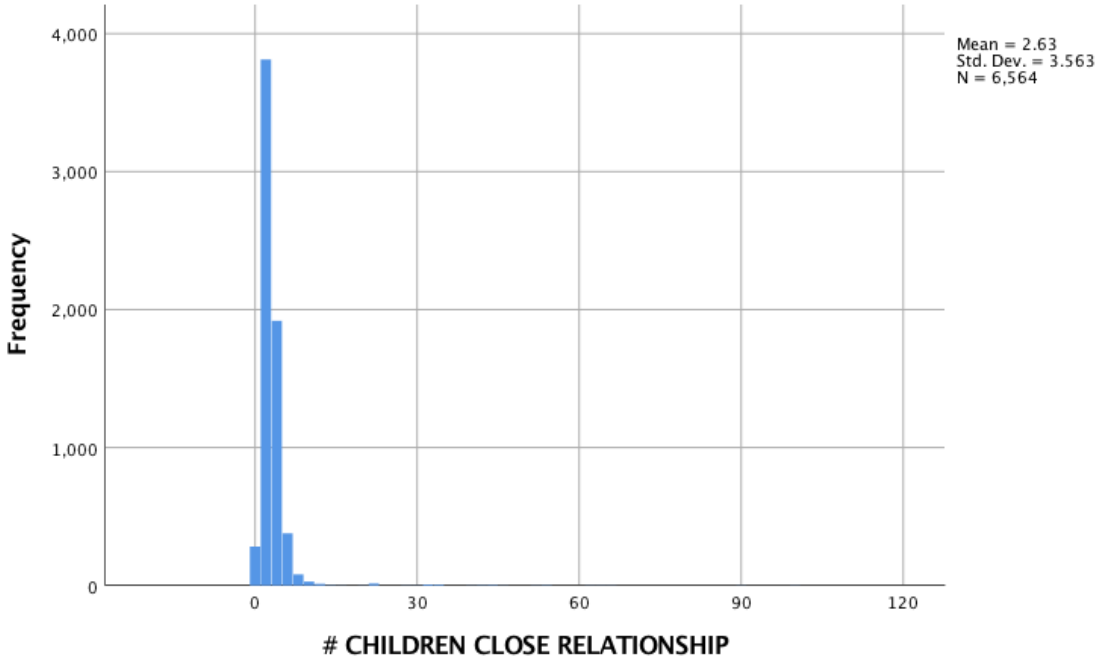


Figure 5. Number of children in close relationship

Minimum = 0, Maximum = 99

Inferential Statistics

Research question 1. The relationship between Satisfaction with Life Overall (as measured by Diener's Satisfaction with life scale) and Satisfaction with Aging (as measured by Attitudes Towards Own Aging subscale of the Philadelphia Geriatric Center Morale Scale and items from the Berlin Aging Study) was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a moderate, positive correlation between the two variables, $r = .471$, $n = 7033$, $p < .001$, with higher levels of life satisfaction associated with higher levels of aging satisfaction.

Table 7. *Descriptive Statistics for the Relationship Between Life Satisfaction and Aging Satisfaction*

Descriptive Statistics

	Mean	Std. Deviation	N
lifeSAT	4.9746	1.52442	7291
ageSAT	3.8707	1.04789	7237

Table 8. *Relationship between Satisfaction with Life and Satisfaction with Aging*

Correlations

		lifeSAT	ageSAT
lifeSAT	Pearson Correlation	1	.471**
	Sig. (2-tailed)		.000
	N	7291	7033
ageSAT	Pearson Correlation	.471**	1
	Sig. (2-tailed)	.000	
	N	7033	7237

**. Correlation is significant at the 0.01 level (2-tailed).

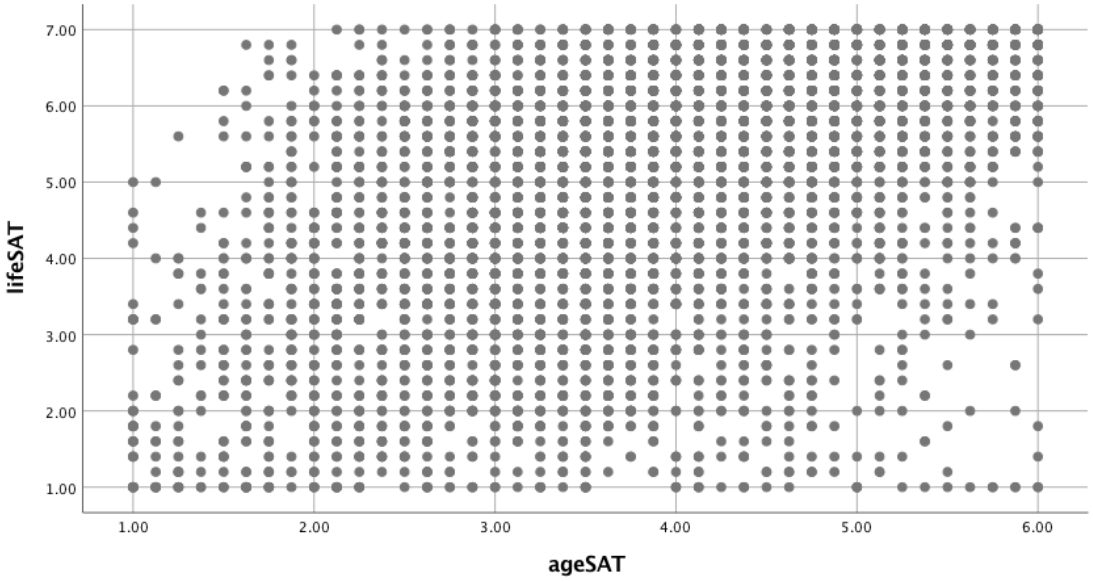


Figure 6. Relationship between Life Satisfaction and Aging Satisfaction

p-value < .001, r = .471

Research question 2. The relationship between Composition of Social Network (as measured by the HRS sum scale assessing for social integration via types of social contacts) and Satisfaction with Life (as measured by Diener's Satisfaction with life scale) was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a weak, positive correlation between the two variables, $r = .194$, $n = 6038$, $p < .001$, with larger social network contacts associated with higher levels of life satisfaction.

Table 9. *Descriptive Statistics for the Relationship Between Social Network Composition and Satisfaction with Life*

Descriptive Statistics

	Mean	Std. Deviation	N
socCOMP	3.3355	.75342	6187
lifeSAT	4.9746	1.52442	7291

Table 10. *Relationship Between Composition of Social Network and Satisfaction with Life*

Correlations

		socCOMP	lifeSAT
socCOMP	Pearson Correlation	1	.194**
	Sig. (2-tailed)		.000
	N	6187	6038
lifeSAT	Pearson Correlation	.194**	1
	Sig. (2-tailed)	.000	
	N	6038	7291

**. Correlation is significant at the 0.01 level (2-tailed).

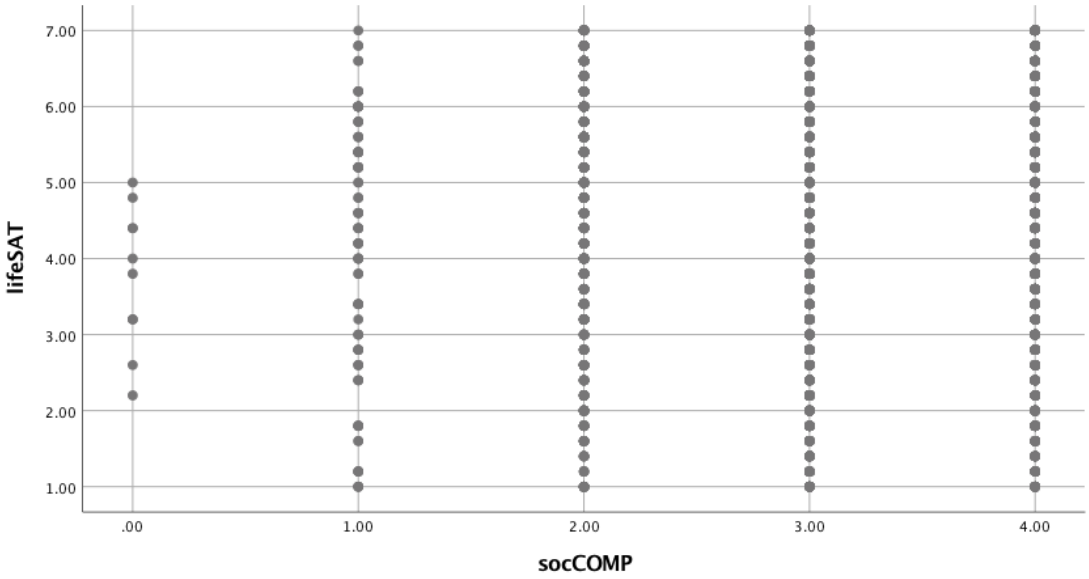


Figure 7. Relationship between Life Satisfaction and Composition of Social Network

p-value < .001, r = .194

Research question 3. The relationship between Frequency of Contact with Social Network (as measured by the HRS sum scale assessing for social integration via frequency of social contact) and Satisfaction with Aging (as measured by Attitudes Towards Own Aging subscale of the Philadelphia Geriatric Center Morale Scale and items from the Berlin Aging Study) was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. There was a weak, positive correlation between the two variables, $r = .206$, $n = 4915$, $p < .001$, with higher frequencies of contact with social network associated with higher levels of satisfaction with aging.

Table 11. *Descriptive Statistics for the Relationship between Frequency of Contact with Social Network and Satisfaction with Aging*

Descriptive Statistics

	Mean	Std. Deviation	N
socCONTACT	39.6002	10.31722	5043
ageSAT	3.8707	1.04789	7237

Table 12. *Relationship between Frequency of Contact with Social Network and Satisfaction with Aging*

Correlations

		socCONTACT	ageSAT
socCONTACT	Pearson Correlation	1	.206**
	Sig. (2-tailed)		.000
	N	5043	4915
ageSAT	Pearson Correlation	.206**	1
	Sig. (2-tailed)	.000	
	N	4915	7237

**. Correlation is significant at the 0.01 level (2-tailed).

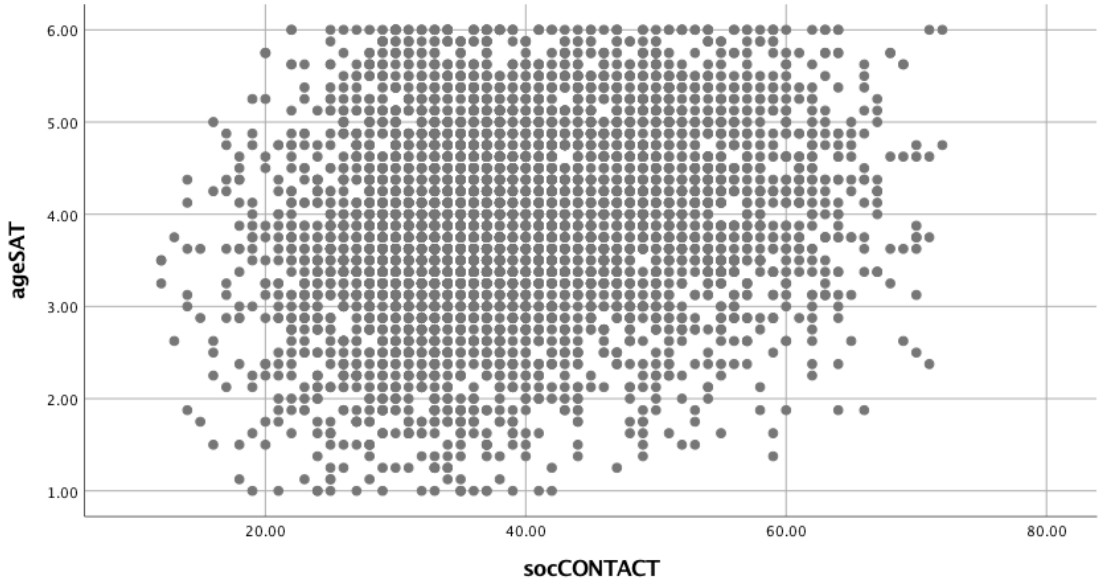


Figure 8. Relationship between Frequency of Contact with Social Network and Satisfaction with Aging

p-value < .001, r = .206

Research question 4. Standard multiple regression was used to assess the ability of life satisfaction measures and frequency of social contact measures (measured by Diener's satisfaction with life scale, the HRS sum scale for social integration via frequency of social contact) to predict satisfaction with aging (measured by Attitudes Towards Own Aging subscale of the Philadelphia Geriatric Center Morale Scale and items from the Berlin Aging Study). Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity, and homoscedasticity. Variation in the predictor variables life

satisfaction and frequency of contact with social network accounted for 24.4% of the variance in satisfaction with aging, F (2, 4912) = 792.381, p < .001. Life satisfaction accounted for more variation, β = .453, t = 36.188, p < .001, in aging satisfaction than frequency of social contact, β = .148, t = 11.862, p < .001.

Table 13. *Correlations Between Aging Satisfaction, Life Satisfaction, and Frequency of Contact*

Correlations

		ageSAT	lifeSAT	socCONTACT
Pearson Correlation	ageSAT	1.000	.471	.206
	lifeSAT	.471	1.000	.127
	socCONTACT	.206	.127	1.000
Sig. (1-tailed)	ageSAT	.	.000	.000
	lifeSAT	.000	.	.000
	socCONTACT	.000	.000	.
N	ageSAT	7237	7033	4915
	lifeSAT	7033	7291	4946
	socCONTACT	4915	4946	5043

Table 14. *Model Summary of the Multiple Regression Analysis*

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.494[a]	.244	.244	.91135

a. Predictors: (Constant), socCONTACT, lifeSAT

b. Dependent Variable: ageSAT

Table 15. *Analysis of Variance and Coefficients for the Multiple Regression Analysis*

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1316.228	2	658.114	792.381	.000[b]
	Residual	4079.675	4912	.831		
	Total	5395.903	4914			

a. Dependent Variable: ageSAT

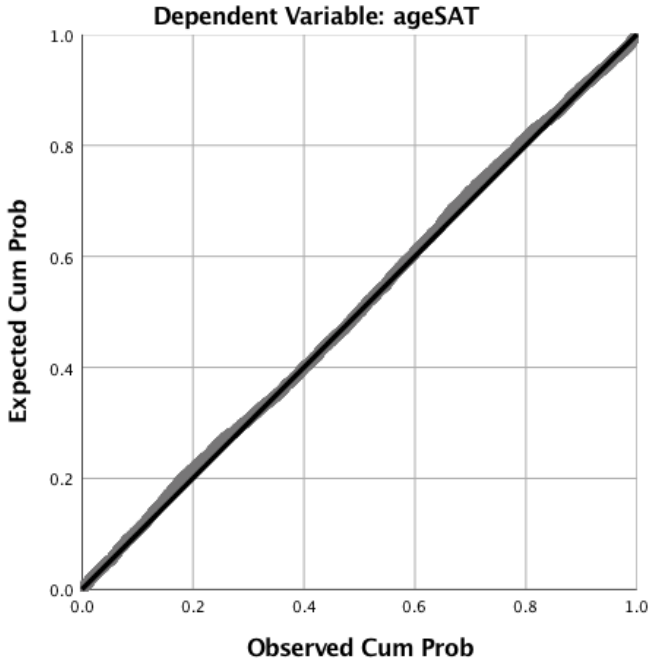
b. Predictors: (Constant), socCONTACT, lifeSAT

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.726	.063		27.351	.000	1.602	1.850
	lifeSAT	.311	.009	.453	36.188	.000	.294	.328
	socCONTACT	.015	.001	.148	11.862	.000	.013	.018

a. Dependent Variable: ageSAT

Figure 9. Normal P-P Plot of Regression Standardized Residual



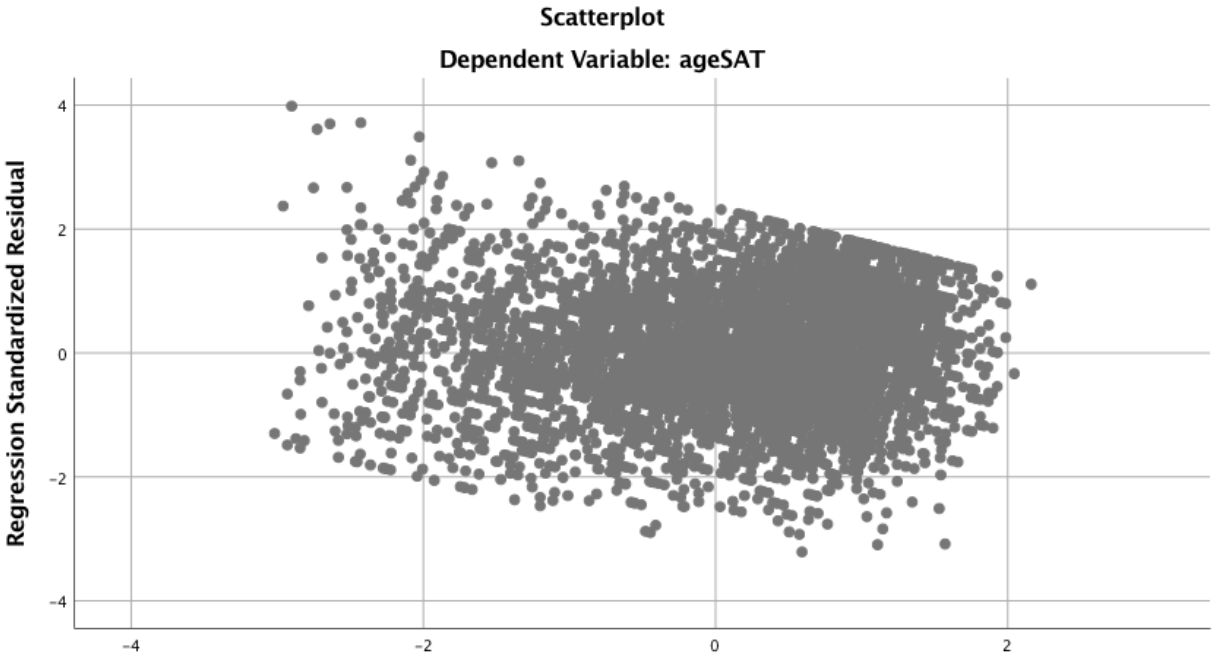


Figure 10. Regression Standardized Predicted Value

Research question 5. A one-way between-groups analysis of variance was conducted to explore the impact of age on aging satisfaction, as measured by Attitudes Towards Own Aging subscale of the Philadelphia Geriatric Center Morale Scale and items from the Berlin Aging Study. Respondents were grouped into four groups according to their age (< = 55 years, 56 – 71 years, 72 – 88 years, and 89+ years). The groups of interest for this analysis were the latter three groups, which were constructed into evenly distributed sections above the age of 55, which is often considered a later middle-age benchmark. There was a statistically significant difference at the $p < .05$ level in the aging satisfaction scores for the three age groups: F (3, 7233) = 84.471, $p < .001$. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small. The effect size, calculated using eta squared, was .03. Post-hoc comparisons using the Tukey HSD test indicated that the mean scores for all three groups were significantly different from each other: 55 – 71 group (M = 3.99, SD = 1.05), 72 – 88 group (M = 3.70, SD = 1.00), and 89+ group (M = 3.30, SD = .98).

Table 16. *Descriptive Statistics for the Analysis of Variance*

Descriptives

ageSAT

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
<= 55	770	4.1097	1.04713	.03774	4.0357	4.1838	1.00	6.00
56 - 71	3607	3.9903	1.04931	.01747	3.9560	4.0246	1.00	6.00
72 - 88	2566	3.6959	1.00274	.01980	3.6571	3.7347	1.00	6.00
89+	294	3.3023	.98446	.05741	3.1893	3.4153	1.00	6.00
Total	7237	3.8707	1.04789	.01232	3.8465	3.8948	1.00	6.00

Table 17. *Inferential Statistics for the Analysis of Variance*

ANOVA

ageSAT

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	268.956	3	89.652	84.471	.000
Within Groups	7676.659	7233	1.061		
Total	7945.615	7236			

Table 18. *Post Hoc Comparisons using the Tukey HSD Test*

Multiple Comparisons

Dependent Variable: ageSAT

Tukey HSD

(I) R CURRENT AGE CALCULATION (Binned)	(J) R CURRENT AGE CALCULATION (Binned)	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
<= 55	56 - 71	.11944*	.04090	.018	.0144	.2245
	72 - 88	.41381*	.04233	.000	.3050	.5226
	89+	.80744*	.07063	.000	.6260	.9889
56 - 71	<= 55	-.11944*	.04090	.018	-.2245	-.0144
	72 - 88	.29437*	.02661	.000	.2260	.3627
	89+	.68800*	.06248	.000	.5274	.8486
72 - 88	<= 55	-.41381*	.04233	.000	-.5226	-.3050
	56 - 71	-.29437*	.02661	.000	-.3627	-.2260
	89+	.39363*	.06343	.000	.2306	.5566
89+	<= 55	-.80744*	.07063	.000	-.9889	-.6260
	56 - 71	-.68800*	.06248	.000	-.8486	-.5274
	72 - 88	-.39363*	.06343	.000	-.5566	-.2306

*. The mean difference is significant at the 0.05 level.

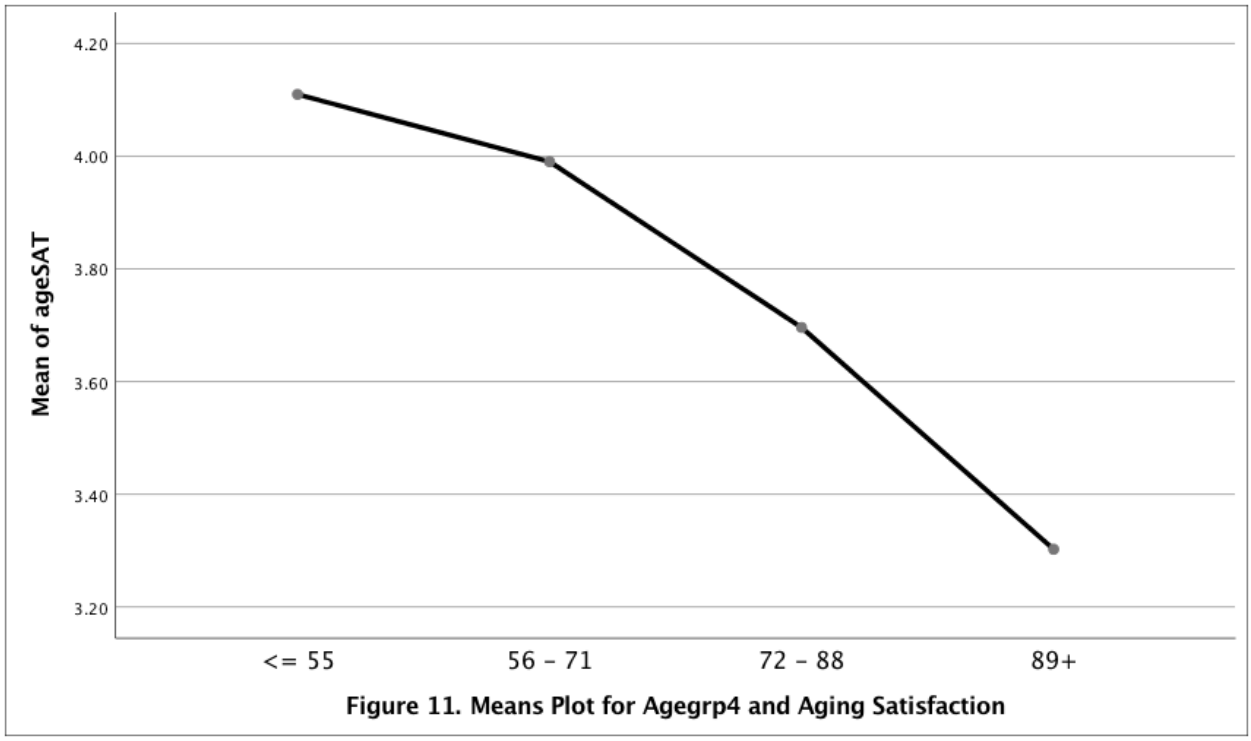


Figure 11. Means Plot for Agegrp4 and Aging Satisfaction

Discussion

The current literature tends to break down the idea of successful aging into various concepts such as resources (internal and external), proactivity, and wellbeing. Furthermore, research highlights the fact that aging is not a solitary experience but rather is undergone within the context of family and support systems. These support networks can have both positive and negative impacts on aging adults depending on family dynamics and cultural factors. Given these findings and the fact that the current American population has been described as "an aging population" it is important that researchers and clinicians seek insight into how to support and promote wellness amongst older Americans.

In light of the literature, the current study sought to explore the idea of successful aging within a family context by comparing family demographics to older adults' satisfaction with life and aging. The overarching research question states: Based on the Health and Retirement Study

data in 2014, what are the effects of family factors on older Americans' satisfaction with life and aging?

Overall, the results of this study were very informative in terms of how older Americans were experiencing aging in 2014. Descriptive statistics revealed that the average age of respondents in 2014 was 67.87 years with the oldest respondent being 104 years old. The results also revealed that age was divided into two distinct portions, possibly suggesting that there is a difference in ages between the sexes. The current study also found that over half of the respondents (62.9%) were living with a spouse or partner in 2014, and that the average number of children was 3.2 (minimum = 0, maximum = 21). Descriptive statistics found that the average number of reported children in a close relationship with respondents was 2.63, however a handful of respondents reported having close relationships with nearly 100 children. This could suggest that some respondents misunderstood the question and perhaps interpreted it as including grandchildren or students that they perceive themselves to be close to. These findings provided an overall sense of the older population and their families in America in 2014.

Inferential Statistical Findings and Connections to the Literature

As is known from the literature, successful aging is sometimes operationalized as satisfaction with life. The first research question in the current study inquired about a linear relationship between HRS respondents' reported satisfaction with life and their reported satisfaction with aging, and found a moderate, positive correlation between the two variables. This finding indicates that higher levels of life satisfaction were associated with higher levels of aging satisfaction. Because the strength of this correlation is moderate and the sample size was relatively high, we can infer that a fair amount of the general population would also experience higher levels of life satisfaction being associated with higher levels of aging satisfaction.

Past research indicates that size and proportion of family network can decrease depression and increase psychological wellbeing in older adults. The second research question in the current study analyzed the possibility of a linear relationship between the reported composition (types of contacts) of older adults' social network and their reported satisfaction with life overall. The types of contacts considered in this study were spouse/partner, living children, extended family, and friends. The findings of this analysis revealed a weak, positive correlation between the two variables, indicating that larger social network contacts were associated with higher levels of life satisfaction. Although the finding was statistically significant, the strength of the relationship was relatively weak. Therefore, we can infer some connection between high levels of life satisfaction and having greater variety in one's social network (e.g. spouse/partner, living children, extended family, and friends), but not as much connectedness as the literature would suggest. For example, someone can report having multiple types of social contacts while the overall characterization of those contacts would be considered negative by the individual (bad relationships with family or friends). This was found to be true in some of the previous literature involving complicated families due to divorce and re-marriage. While the current study found that quantity of social relationships was not strongly correlated with life satisfaction, it is possible that *quality* and depth of those relationships would be more strongly correlated with life satisfaction.

As was found in past research, having emotional support and feelings of social connectedness can improve older adults' positive attitudes towards aging. The third research question inquired about the possibility of a linear relationship between reported frequency of contact with older adults' social networks and their reported satisfaction with aging. The avenues for contacting members of respondents' social networks included in person meetings, speaking

over the phone, email communication, and/or social network site use. The findings of this analysis indicated a weak, positive correlation between the two variables, meaning that higher frequencies of contact with social network were associated with higher levels of satisfaction with aging. Although this finding was statistically significant the strength of the correlation was considerably weak. This could indicate the presence of confounding variables within the relationship, which are variables that are unconsidered during an analysis that actually have a great impact on the variables being studied. One potential confounding variable in this analysis could be the quality of the interactions with respondents' social networks, such that lower frequency levels of contact with one's network actually lead to greater satisfaction with aging because the quality and impact of the interactions are experienced as negative. This is in line with previous research, which found that satisfaction with social support was a significant predictor of more positive attitudes towards aging while frequency of contact was not.

The connection between successful aging and the positive impact of interactions with family and friends has been established in prior research. Due to this, the fourth research question inquired about the possibility that life satisfaction and frequency of contact with support systems can predict older Americans' satisfaction with aging. The findings of this analysis indicated that life satisfaction and frequency of contact with respondents' social networks accounted for 24.4% of the variance in aging satisfaction. In other words, life satisfaction and frequency of contact with social network predict 24.4% of the outcomes in aging satisfaction. While these findings were statistically significant, meaning that life satisfaction and frequency of contact were significant predictors of aging satisfaction, the proportion of the outcomes predicted is rather low. The findings also revealed that life satisfaction was a stronger predictor of aging satisfaction than frequency of contact with social support. This finding is in accord with previous

research that found satisfaction with social support was a significant predictor of more positive attitudes towards aging while frequency of contact was not. Overall, the results of this research question could suggest a stronger link between life satisfaction and aging satisfaction as separate and related factors of the broader concept of successful aging. While successful aging has generally been operationalized as a measure of wellbeing or life satisfaction, perhaps it is time to consider aging satisfaction as an additional measure of wellbeing, especially in mid- to late-life. This would be a relatively new conceptualization of successful aging in the literature overall.

The final inferential analysis conducted in this study examined whether or not satisfaction with aging was significantly different between the various age groups analyzed (56 - 71 years, 72 - 88 years, and 89+ years). Results of this analysis indicated a statistically significant difference between all three groups; however, the actual difference in mean scores between the groups was quite small. Effect size calculations revealed that only 3% of the variance in aging satisfaction was caused by the differences in age groups. Therefore, while we can attribute significant differences between the young old, middle old, and oldest old age groups we cannot infer that these differences are caused by age as much as the literature might suggest. Nevertheless, this finding could support the previous research model known as Successful Aging 2.0 (Mejia et al., 2016), which considers successful aging and individual personal resources within the context of shifting factors such as age, environment, and social structures. This model would look for differences in satisfaction with aging by taking more situational factors into account than just respondents' age, and could more accurately reflect the potential differences in aging satisfaction amongst various age groups. Further research could explore this possibility.

Limitations

One limitation of this study is rooted in the very design of secondary data analysis. Because this method of analysis relies on previous researchers and their own means of collecting data, the current researcher did not have control over how respondents were chosen or how the data was retrieved, coded, etc. One example of this limitation that arose in the current study was the fact that the variable Respondent Current Age Calculation did not appear to accurately reflect the older adult's age in all cases (signaled by the presence of outliers such as the age 14, and several ages in the 30s and 40s). It is possible that this particular variable recorded the age of proxy informants rather than the older Americans being inquired about. This proved to be a limitation to the current study because respondent age was a prominent variable in several of the analyses performed, and it was unclear if the HRS variable had errors in the collection process or merely did not always reflect the age of the older American subjects. Nevertheless, because the overall data was collected as part of a government project (Health and Retirement Study) there was a multitude of information to be gained from the sheer vastness of the sample and the variables studied.

Despite the wonderful opportunity that the vastness of the HRS data presented, this was also a limitation for the current researcher due to the constraint of time for completing this project. The complexity and depth of information available to the public through the Health and Retirement Study was excellent and at the same time difficult for the current researcher to gain a firm understanding on the overall dataset due to the detail required for such a large longitudinal study. In future, it is recommended that researchers be mindful of how much time it would take to simply comprehend the nature of the Health and Retirement Study before deciding which variables and potential relationships to analyze. There is quite a wealth of information available.

Further Research

Several ideas for future research opportunities arose throughout the course of the current study, such as looking into potential gender differences in life and aging satisfaction amongst older Americans, as well as any other variables of interest. Another factor that was discussed in previous literature that was not incorporated in the current study was the connection between proactivity and successful aging; this could be studied through the variables provided in the Health and Retirement Study. Another option for future research would be to compare various factors over time since there is available data beginning in 1992 and continuing to the present, such as looking for changes in reported life satisfaction between 1992 and 2012. Another important factor to consider that was not included in the current study was examining not only the quantity of social relationships and contact with those networks but also the quality of such interactions. This factor alone could reveal stronger correlations with life and aging satisfaction than the relationships currently found. Finally, future research could potentially investigate some methods of *how* older Americans engage in successful aging through data collected in the Health and Retirement Study rather than mere measures of successful aging (e.g. life satisfaction). The literature refers to some of these methods as personal history, personal resources, processes of coping, and even self-talk. In sum, there are several avenues for further meaningful research that could continue to grasp the idea of successful aging and how it can be attained and supported in later life.

Conclusion

The current study, positioned in the ideas and findings of past literature on successful aging, explored personal and familial factors' relationship with life and aging satisfaction among older Americans in the year 2014. This study was also rooted in the core social work theory of

assessing persons within their environments in order to provide a more holistic approach to assessment and support. With this in mind, there were several significant findings that provided a greater understanding of how successful aging is experienced in the larger American public. For instance, there was evidence that improving individuals' life satisfaction could in turn improve aging satisfaction and overall health as Americans continue to grow and age in the lifespan. Likewise, there was evidence to suggest that as professionals, we cannot assume that increased social relationships and social contact always improves older adults' experience of life. Rather, we must treat each individual person as unique and help them determine what kinds of relationships and/or other activities could improve their satisfaction with life as they continue to age. This would fall directly in line with social work's values of helping people in need and addressing social issues by respecting the dignity and worth of every person and protecting every person's right to self-determination – especially older adults within their own support systems (National Association of Social Workers, 2008). In light of this, regularly assessing older Americans' satisfaction with life and aging could provide clinicians and health care professionals with greater insight into individuals' wellbeing and offer providers an additional opportunity to intervene if a person is experiencing distress as they face new challenges. Overall, while the current study provided some insight into the connections between family factors and older Americans' life and aging satisfaction, there are still many factors that could more strongly relate and/or predict successful aging in older Americans. Therefore, it is crucial that professionals continue to develop greater knowledge and supportive means to best assess and treat individuals as they reach the latter part of their life, for there are a great many joys and challenges that await us all and we ought not feel that we must go it alone.

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Appendix A

Q1 **These first questions are about the activities in your life now. Please tell us HOW OFTEN YOU DO EACH ACTIVITY. (Mark (X) one box for each line.)**

(Cont'd)

	Daily	Several times a week	Once a week	Several times a month	At least once a month	Not in the last month	Never/ Not Relevant
Do home or car maintenance or gardening?	☐	☐	☐	☐	☐	☐	☐
Bake or cook something special?	☐	☐	☐	☐	☐	☐	☐
Make clothes, knit, embroider, etc.?	☐	☐	☐	☐	☐	☐	☐
Work on a hobby or project?	☐	☐	☐	☐	☐	☐	☐
Play sports or exercise?	☐	☐	☐	☐	☐	☐	☐
Walk for 20 minutes or more?	☐	☐	☐	☐	☐	☐	☐
Participate in a local community arts group such as a choir, dance, photography, theatre, or music group?	☐	☐	☐	☐	☐	☐	☐

Q2 **Please say how much you agree or disagree with the following statements. (Mark (X) one box for each line.)**

	Strongly disagree	Some what disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Some what agree	Strongly agree
In most ways my life is close to ideal.	☐	☐	☐	☐	☐	☐	☐
The conditions of my life are excellent.	☐	☐	☐	☐	☐	☐	☐
I am satisfied with my life.	☐	☐	☐	☐	☐	☐	☐
So far, I have gotten the important things I want in life.	☐	☐	☐	☐	☐	☐	☐
If I could live my life again, I would change almost nothing.	☐	☐	☐	☐	☐	☐	☐

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Q3 **Do you have a husband, wife, or partner with whom you live? (Mark (X) one.)**

Yes ☐ Continue to **Q4**

No ☐ → Go to Question **Q6** on page 5

Q4 **We would now like to ask you some questions about your PARTNER OR SPOUSE. Please mark the answer which best shows how you feel about each statement. (Mark (X) one box for each line.)**

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How often do they make too many demands on you?	☐	☐	☐	☐
How much do they criticize you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

Q5 **How close is your relationship with your partner or spouse?**

(Mark (X) one.)

- Very close ☐
- Quite close ☐
- Not very close ☐
- Not at all close ☐

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Q5D **Who does these tasks for your household? (Mark (X) one box for each line)**

In Your household, who....	I do it Always	I do it Mostly	We do it equally	My spouse/ partner does it Mostly	My spouse/ partner does it Always	Some-one else	Not relevant
Manages bills?	☐	☐	☐	☐	☐	☐	☐
Files taxes?	☐	☐	☐	☐	☐	☐	☐
Fills out medical forms?	☐	☐	☐	☐	☐	☐	☐
Grocery shopping?	☐	☐	☐	☐	☐	☐	☐
Prepares meals?	☐	☐	☐	☐	☐	☐	☐

Q6 **Do you have any living children? (Mark (X) one.)**

Yes ☐ Continue to **Q7**

No ☐ → Go to Question **Q10** on page 6

Q7 **Thinking about all of YOUR LIVING CHILDREN, please check the answer which best shows how you feel about each statement. (Mark (X) one box for each line.)**

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How often do they make too many demands on you?	☐	☐	☐	☐
How much do they criticize you?	☐	☐	☐	☐

(Question 7 continues on next page)

Q7 (Cont'd) **Thinking about all of YOUR LIVING CHILDREN, please check the answer which best shows how you feel about each statement. (Mark (X) one box for each line.)**

	A lot	Some	A little	Not at all
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

Q8 **On average, how often do you do each of the following with any of your children, not counting any who live with you? (Mark (X) one box for each line.)**

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	☐	☐	☐	☐	☐	☐
Speak on the phone	☐	☐	☐	☐	☐	☐
Write or email	☐	☐	☐	☐	☐	☐
Communicate by Skype, Facebook, or other social media	☐	☐	☐	☐	☐	☐

Q9 **How many of your children would you say you have a close relationship with? (Please write a number in the box.)**

Number of children with close relationship ☐☐

Q10 **Do you have any OTHER IMMEDIATE FAMILY, for example, any brothers or sisters, parents, cousins or grandchildren? (Mark (X) one.)**

Yes ☐ Continue to **Q11** on page 7

No ☐ → Go to Question **Q14** on page 8

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Q11 **We would now like to ask you some questions about these family members. Please check the answer which shows how you feel about each statement. (Mark (X) one box for each line.)**

	A lot	Some	A little	Not at all
How much do they really understand the way you feel about things?	☐	☐	☐	☐
How much can you rely on them if you have a serious problem?	☐	☐	☐	☐
How much can you open up to them if you need to talk about your worries?	☐	☐	☐	☐
How often do they make too many demands on you?	☐	☐	☐	☐
How much do they criticize you?	☐	☐	☐	☐
How much do they let you down when you are counting on them?	☐	☐	☐	☐
How much do they get on your nerves?	☐	☐	☐	☐

Q12 **On average, how often do you do each of the following with any of these family members, not counting any who live with you? (Mark (X) one box for each line.)**

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	☐	☐	☐	☐	☐	☐
Speak on the phone	☐	☐	☐	☐	☐	☐
Write or email	☐	☐	☐	☐	☐	☐
Communicate by Skype, Facebook, or other social media	☐	☐	☐	☐	☐	☐

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Q16 **On average, how often do you do each of the following with any of your friends, not counting any who live with you? (Mark (X) one box for each line.)**

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never
Meet up (include both arranged and chance meetings)	☐	☐	☐	☐	☐	☐
Speak on the phone	☐	☐	☐	☐	☐	☐
Write or email	☐	☐	☐	☐	☐	☐
Communicate by Skype, Facebook, or other social media	☐	☐	☐	☐	☐	☐

Q17 **How many of your friends would you say you have a close relationship with? (Please write a number in the box.)**

Number of friends with close relationship ☐☐

Q17A **Do you have any good friends living in your neighborhood? (Mark (X) one.)**

Yes ☐

No ☐

Q28a **Many people feel older or younger than they actually are. What age do you feel? (Write in a number.)**

I feel ☐☐☐ years old

Q28b **The next statements are about the way people feel about their age and about the things that happen as they get older. Please tell us how much you agree or disagree with each statement for you personally. (Mark (X) one box for each line.)**

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
Things keep getting worse as I get older.	☐	☐	☐	☐	☐	☐
I have as much pep as I did last year.	☐	☐	☐	☐	☐	☐
The older I get, the more useless I feel.	☐	☐	☐	☐	☐	☐
I am as happy now as I was when I was younger.	☐	☐	☐	☐	☐	☐
As I get older, things are better than I thought they would be.	☐	☐	☐	☐	☐	☐
So far, I am satisfied with the way that I am aging.	☐	☐	☐	☐	☐	☐
The older I get, the more I have had to stop doing things that I liked.	☐	☐	☐	☐	☐	☐
Getting older has brought with it many things that I do not like.	☐	☐	☐	☐	☐	☐